

# STATE OF WISCONSIN Division of Hearings and Appeals

In the Matter of

DECISION

FWP/170017

## PRELIMINARY RECITALS

Pursuant to a petition filed November 10, 2015, under Wis. Admin. Code § HA 3.03(4), to review a decision by the Kenosha County Human Service Department in regard to FoodShare benefits (FS), a hearing was held on December 03, 2015, at Kenosha, Wisconsin.

The issue for determination is whether the agency correctly ended the Petitioner's FoodShare benefit effective September 1, 2015.

There appeared at that time and place the following persons:

## PARTIES IN INTEREST:

Petitioner:





#### Respondent:

Department of Health Services 1 West Wilson Street, Room 651 Madison, Wisconsin 53703

> By: Rachel Petrick, Lead Economic Support Specialist Kenosha County Human Service Department 8600 Sheridan Road Kenosha, WI 53143

#### ADMINISTRATIVE LAW JUDGE:

Mayumi M. Ishii Division of Hearings and Appeals

#### **FINDINGS OF FACT**

- 1. Petitioner (CARES # ) is a resident of Kenosha County.
- 2. On August 19, 2015, the agency sent the Petitioner a notice indicating that his FoodShare benefits would be ending effective September 1, 2015, because he used up the three months of time limited benefits. (Exhibit 10)

3. Petitioner filed an appeal that was received by the Division of Hearings and Appeals on November 10, 2015. (Exhibit 1)

#### **DISCUSSION**

Effective July 1, 2014, the Department of Health services implemented a new policy limiting benefits that childless adults in Kenosha, Racine and Walworth counties may receive. *FoodShare Wisconsin Handbook (FSH) §3.17.1.2* This policy is referred to as the Able Bodied Adults without Dependents (ABAWD) policy and was implemented statewide effective April 1, 2015. *Id.* 

Under ABAWD rules, childless, able-bodied adults must either meet ABAWD work requirements or be exempt from the work requirement in order to receive FoodShare benefits. FSH §3.17.1.1 ABAWDs who are not exempt and who do not meet the work requirement, are only allowed to receive 3 full months of time-limited benefits in a 36-month period. Id.

A person is considered a Non-ABAWD, if that person is:

- 1. Under 18 or age 50 and older,
- 2. Unable to work,
- 3. Residing in a FoodShare household with a child under age 18, or
- 4. Pregnant

FSH §3.17.1.4

An ABAWD may be exempt from work requirements if the person is:

- 1. Determined unfit for employment which includes:
  - a. Receiving temporary or permanent disability benefits
  - b. Mentally or physically unable to work, as determined by the IM agency
  - c. Verified as unable to work by a statement from a health care professional or a social worker.
- 2. Receiving Unemployment Compensation, or has applied for Unemployment Compensation and is complying with those work requirements;
- 3. Regularly participating in an alcohol or other drug addiction treatment or rehabilitation program; or
- 4. A student of higher education who is otherwise eligible for FoodShare (see section 3.15.1)
- 5. A high school student 18 years of age or older, attending high school at least half time;
- 6. A primary caregiver of a dependent child under age 6 or an incapacitated person;
- 7. Receiving Transitional FS benefits; or
- 8. Meeting the ABAWD work requirement.

FSH §3.17.1.4

An ABAWD meets the ABAWD work requirement if one of the following applies:

- 1. Working a minimum of 80 hours per month. Use converted work hours if paid weekly or biweekly;
- 2. Participating and complying with an allowable work program at least 80 hours per month; \* [includes FSET]
- 3. Both working and participating in an allowable work program for a combined total of at least 80 hours per month; or
- 4. Participating and complying with the requirements of a workfare program.

FSH, §13.17.1.7.

In the case at hand, the Petitioner does not dispute the fact that he meets the definition of an Able Bodied Adult Without Dependents. Petitioner does not dispute the fact that he did not meet the ABAWD work requirement stated above; he was neither working nor participating in an allowable work program 80 hours a month. However, Petitioner argues that he had good cause for his non-participation, because he did not receive any of the appointment notices that were sent to him on June 2, 2015, June 12, 2015, July 1, 2015 or July 3, 2015.

Under section 6.6.1 of the *FoodShare Employment and Training Handbook (Release 15-01)*, it states, "Good cause may be granted for temporary circumstances beyond the ABAWD's control." That section lists some examples of good cause reasons for non-participation, but also states that the list is not exhaustive. *See also Ops Memo 14-27 – Amended 5/18/15*.

Wis. Stats. §891.46 creates a presumption that service has occurred upon mailing, stating that, "summonses, citations, notices, motions and other papers required or authorized to be served by mail in judicial or administrative proceedings are presumed to be served when deposited in the U.S. mail with properly affixed evidence of prepaid postage." Further, "the mailing of a letter creates a presumption that the letter was delivered and received." State ex. rel Flores, 183 Wis.2d 587 at 612, 516 N.w.2d 362 (1994) Thus, the party challenging the presumption bears the burden of presenting credible evidence of non-receipt. Id at 613.

The Petitioner has not met his burden to prove that he didn't receive the notices.

First, some of the notices were e-mailed to the Petitioner and there is no record of the e-mails being returned. (See Exhibit 4) Second, Petitioner testified that he received the notices about the FSET referral, but had no reasonable explanation why he would not have received the appointment notices. Third, the Petitioner conceded that the notices were mailed to the correct address. (See Exhibits 3, 5, 6, 7, and 8) Again, there is no record of returned mail. (Exhibit 4)

Because Petitioner cannot prove that he didn't get the notices, he cannot establish good cause for his failure to meet the ABAWD work requirement.

#### **CONCLUSIONS OF LAW**

The agency correctly ended his benefits, effective September 1, 2015.

#### THEREFORE, it is

#### **ORDERED**

That the petition is dismissed.

### REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received** within 20 days after the date of this decision. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

#### APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as "PARTIES IN INTEREST" **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Milwaukee, Wisconsin, this 16th day of December, 2015

\sMayumi M. Ishii Administrative Law Judge Division of Hearings and Appeals



## State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

Brian Hayes, Administrator Suite 201 5005 University Avenue Madison, WI 53705-5400 Telephone: (608) 266-3096 FAX: (608) 264-9885 email: DHAmail@wisconsin.gov Internet: http://dha.state.wi.us

The preceding decision was sent to the following parties on December 16, 2015.

Kenosha County Human Service Department Division of Health Care Access and Accountability